



Southampton Academy

Information and Emergency Form for PreK

1. Student Data (Full Name: First, Middle, Last)

Child's Name: _____ Gender: _____ Grade: _____ DOB: _____

Dates of Attendance at Southampton Academy: _____

Previous Daycare/School Attended: _____

2. Family Data

Father's Name: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

**** School communications will be sent to your southamptonacademy.org e-mail address****

If parents are separated or divorced, please indicate to whom all correspondence to be sent.

Parent Name: _____ Who has legal custody of child: _____

3. Emergency Contacts

In case of illness/accident, or if children have not been picked up by closing time and parents cannot be reached, please name two other adults who will be available during the day and will serve in place of parents.

Name: _____ Phone: _____

Street Address: _____

Relationship to children: _____

Name: _____ Phone: _____

Street Address: _____

Relationship to children: _____

Please give names of person/persons authorized to pick up your child from school:

1) _____ 2) _____ 3) _____

4. Medical Data

Please list any allergies for your child: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

5. Grandparents Data

Please complete the following information below for your child's grandparents so they may receive information about Grandparent's Day and other mailings.

Maternal Grandparent Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Paternal Grandparent Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

6. Parental Authorizations

Directory Authorization

I give permission for my contact information including name, address, and phone number to be listed in the Teacher/Parent/Student Directory.

Signature of Parent/Legal Guardian: _____ Date: _____

Medical Authorization

The staff has my permission to administer minor first aid. In the event I cannot be contacted immediately, I agree that in case of accident/injury, emergency medical care may be given. Should it be necessary, my child may be transported at my expense to the emergency room of Southampton Memorial Hospital.

Any additional medical instructions: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Notification of Sickness Authorization

The school will notify the parent(s) when the child becomes ill and parent(s) will arrange to have the child picked up as soon as possible if requested by the school.

Parent(s) will inform the school within 24 hours (or next business day) if the child or an immediate family member develops a reportable communicable disease.

Signature of Parent/Legal Guardian: _____ Date: _____

Field Trip Authorization

I give my permission for my child to participate in the neighborhood walks/field trips in an authorized vehicle. I understand I will be informed of all planned trips and that I may withdraw my permission for a planned trip if I so desire. I grant permission for my child to participate in activities and in the use of equipment at the school.

Signature of Parent/Legal Guardian: _____ Date: _____

Emergency Early Dismissals

In the event of an emergency early dismissal, Pre-K staff must contact the parents (bus riders) to inform them of the early dismissal and obtain instructions for the departure of the child:

- ▶ Send on bus and be met on arrival by parent or other authorized individual.
- ▶ Remain at school until picked up, no one available to meet bus.

If the parent or emergency contact cannot be reached, the child will remain at school until the parent or other authorized individual arrives.

Signature of Parent/Legal Guardian: _____ Date: _____